

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Massachusetts Republican State Congressional Committee

ADDRESS (number and street)

85 Merrimac Street, Suite 400

☐Check if different  
than previously  
reported. (ACC)

Boston

MA

02114

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00042622

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☒

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2007

through

01

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Brent Andersen

Signature of Treasurer

Electronically Filed by Brent Andersen

Date

06

02

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	1	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		9164.06
(b) Cash on Hand at Beginning of Reporting Period .....	9164.06	
(c) Total Receipts (from Line 19) .....	64779.22	64779.22
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	73943.28	73943.28
7. Total Disbursements (from Line 31) .....	48352.83	48352.83
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	25590.45	25590.45
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	65562.72	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	43600.00	43600.00
(i) Itemized (use Schedule A) .....	19366.00	19366.00
(ii) Unitemized .....	62966.00	62966.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	0.00	0.00
(b) Political Party Committees .....	50.00	50.00
(c) Other Political Committees (such as PACs) .....	63016.00	63016.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1763.22	1763.22
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	64779.22	64779.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	64779.22	64779.22

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	35109.49	35109.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	35109.49	35109.49
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	13243.34	13243.34
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	13243.34	13243.34
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	48352.83	48352.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	48352.83	48352.83

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	63016.00	63016.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	63016.00	63016.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	35109.49	35109.49
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	35109.49	35109.49

Form/Schedule : **F3XA**

Transaction ID :

ALL ACTIVITY WAS SOLELY RELATED TO MASS.REPUBLICAN PARTY ACTIVITY. NO ACTIVITY INVOLVED A  
CANDIDATE. NO MAILINGS OR OTHER ACTIVITY MENTIONED ANY OTHER FEDERAL CANDIDATE. NO ACT  
RED TO BE REPORTED ON SCHEDULES B, E, OR F. All donors who have contributed \$200 or more were sent  
a letter within 30 days asking for employer-occupation if one was not provided in order to meet best  
efforts policy.

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Mariann Appley

Mailing Address 2 Commonwealth Avenue

City

Boston

State

MA

Zip Code

02116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Artist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 8 / 2 0 0 7

Transaction ID: 70131.C163177

Amount of Each Receipt this Period

200.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Janet Bayley

Mailing Address 1002 Paradise Rd  
DO NOT MAIL

City

Swampscott

State

MA

Zip Code

01907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 7

Transaction ID: 70131.C163543

Amount of Each Receipt this Period

1000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Robert Brace

Mailing Address 9 Jackson Pond

City

Dedham

State

MA

Zip Code

02026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 5 / 2 0 0 7

Transaction ID: 70131.C163442

Amount of Each Receipt this Period

400.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 38

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael Cimini

Mailing Address 8 Sidney Rd.

City

Sturbridge

State

MA

Zip Code

01566

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Yankee SpiritsOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	0	7

Transaction ID: 70131.C163247

Amount of Each Receipt this Period

500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

John Cornish

Mailing Address 106 Clyde St.

City

Newton

State

MA

Zip Code

02467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	1	/	2	0	0	7

Transaction ID: 70111.C163102

Amount of Each Receipt this Period

200.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Darrell Crate

Mailing Address 820 Hale Street

City

Beverly

State

MA

Zip Code

01915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Affiliated Managers GroupOccupation  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	0	7

Transaction ID: 70131.C163487

Amount of Each Receipt this Period

15000.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

15700.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael Cronin

Mailing Address 72 Cliff Rd.

City

Weston

State

MA

Zip Code

02493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Weston Presidio

Occupation

Venture Capitalist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 7

Transaction ID: 70108.C163047

Amount of Each Receipt this Period

10000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Wesley Eaton

Mailing Address 304 Brooksby Village Drive  
Unit 308

City

Peabody

State

MA

Zip Code

01960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 7

Transaction ID: 70131.C163544

Amount of Each Receipt this Period

2500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

John Glaser

Mailing Address 13 Putter Drive

City

Acton

State

MA

Zip Code

01720-4221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
partners health care

Occupation

CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 7

Transaction ID: 70131.C163545

Amount of Each Receipt this Period

200.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

12700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Frank Granara

Mailing Address 95 Shrine Rd.

City

Norwell

State

MA

Zip Code

02061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GIC

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 7

Transaction ID: 70108.C163028

Amount of Each Receipt this Period

500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Ralph Hawkins

Mailing Address 150 High St.

City

Canton

State

MA

Zip Code

02021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hawkins Aero Engineering

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 7

Transaction ID: 70131.C163314

Amount of Each Receipt this Period

500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

William Hofmann

Mailing Address 223 Rutledge Road

City

Belmont

State

MA

Zip Code

02478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
insurance agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 7

Transaction ID: 70131.C163542

Amount of Each Receipt this Period

1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

William Katz

Mailing Address 11 Sunset Rd

City

Weston

State

MA

Zip Code

02493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ionics Inc.

Occupation

Chemical Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 8 / 2 0 0 7

Transaction ID: 70131.C163179

Amount of Each Receipt this Period

200.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Edward Michaud

Mailing Address 12 Highland St.

City

Weston

State

MA

Zip Code

02493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 7

Transaction ID: 70131.C163489

Amount of Each Receipt this Period

1000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

George Marshall Moriarty

Mailing Address 214 Heath Street

City

Newton

State

MA

Zip Code

02467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ropes & Gray

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 7

Transaction ID: 70131.C163493

Amount of Each Receipt this Period

500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Lovett Peters

Mailing Address 81 Old Orchard Rd.

City

Newton

State

MA

Zip Code

02467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pioneer Institute

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 7

Transaction ID: 70131.C163490

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Frank Pickering

Mailing Address 18 Strawberry Hill Lane

City

Danvers

State

MA

Zip Code

01923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 70111.C163087

Amount of Each Receipt this Period

200.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Arthur Ryan

Mailing Address 119 Mt. Pleasant Ave.

City

Gloucester

State

MA

Zip Code

01930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 7

Transaction ID: 70131.C163539

Amount of Each Receipt this Period

1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

2200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Richard Silverman

Mailing Address 18 Bonnybrook Rd.

City

Newton

State

MA

Zip Code

02468

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 0 7

Transaction ID: 70131.C163278

Amount of Each Receipt this Period

100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Richard Silverman

Mailing Address 18 Bonnybrook Rd.

City

Newton

State

MA

Zip Code

02468

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 0 7

Transaction ID: 70131.C163277

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Nancy Steinmann

Mailing Address 220 Boylston St.

City

Boston

State

MA

Zip Code

02116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 7

Transaction ID: 70131.C163541

Amount of Each Receipt this Period

1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 38

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Thomas Tierney

Mailing Address 45 Old Farm Rd.

City

Wellesley

State

MA

Zip Code

02481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BridgespanOccupation  
Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	7

Transaction ID: 70131.C163492

Amount of Each Receipt this Period

5000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Michael Vilbert

Mailing Address 11 Summer Street

City

Lexington

State

MA

Zip Code

02420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	0	7

Transaction ID: 70131.C163178

Amount of Each Receipt this Period

200.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Peter Voss

Mailing Address One Charles Street South  
Apt 7-H

City

Boston

State

MA

Zip Code

02116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	7

Transaction ID: 70131.C163540

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

6200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

George Young

Mailing Address 235 Walker St. Apt 252

City

Lenox

State

MA

Zip Code

01240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 0 7

Transaction ID: 70131.C163176

Amount of Each Receipt this Period

300.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

43600.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 38

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Committee to Elect Robert Hargraves

Mailing Address PO Box 848

City

Groton

State

MA

Zip Code

01450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Campaign Committee

Occupation

CPF#12859

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 70111.C163096

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

50.00

TOTAL This Period (last page this line number only) .....

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 38

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)  
The Commonwealth PAC

Mailing Address Spencer Zwick  
PO Box 151

City State Zip Code  
Boston MA 02117-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PAC

Occupation  
FEC ID: C000403022

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

881.61

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 8 / 2 0 0 7

Transaction ID: 70131.C163169

Amount of Each Receipt this Period

881.61

Other Receipt

Note: payment for office  
space rental

**B.**

Full Name (Last, First, Middle Initial)  
The Commonwealth PAC - Iowa

Mailing Address 45 School Street  
2nd Floor

City State Zip Code  
Boston MA 02108-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.38

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 8 / 2 0 0 7

Transaction ID: 70131.C163172

Amount of Each Receipt this Period

317.38

Other Receipt

Note: payment for office  
space rental

**C.**

Full Name (Last, First, Middle Initial)  
The Commonwealth PAC - Michigan

Mailing Address 45 School Street  
2nd Floor

City State Zip Code  
Boston MA 02108-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.38

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 8 / 2 0 0 7

Transaction ID: 70131.C163173

Amount of Each Receipt this Period

317.38

Other Receipt

Note: payment for office  
space rental

**SUBTOTAL** of Receipts This Page (optional) .....

1516.37

**TOTAL** This Period (last page this line number only) .....

1516.37

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 38

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

SCM Associates

Mailing Address Steve Meyers  
1283 Main Street

City Dublin State NH Zip Code 03444-

Purpose of Disbursement  
Payment of debt for direct mail - party related non FEA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90508.E11231

Date of Disbursement

01 / 25 / 2007

Amount of Each Disbursement this Period

79.82

PAYMENT OF DEBT FOR DIRECT  
MAIL - PARTY RELATED NON  
FEA

B.

Full Name (Last, First, Middle Initial)

SCM Associates

Mailing Address Steve Meyers  
1283 Main Street

City Dublin State NH Zip Code 03444-

Purpose of Disbursement  
Payment of debt for direct mail - party related non FEA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 70215.E9545

Date of Disbursement

01 / 25 / 2007

Amount of Each Disbursement this Period

1063.91

PAYMENT OF DEBT FOR DIRECT  
MAIL - PARTY RELATED NON  
FEA

C.

Full Name (Last, First, Middle Initial)

Rhonda Avola

Mailing Address 306 Main St. Unit 10

City Melrose State MA Zip Code 02176-

Purpose of Disbursement  
Administration Services Non-FEA no federal candidate

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 70215.E9551

Date of Disbursement

01 / 29 / 2007

Amount of Each Disbursement this Period

1683.00

ADMINISTRATION SERVICES  
NON-FEA NO FEDERAL CANDID-  
ATE

SUBTOTAL of Disbursements This Page (optional) .....

2826.73

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 38

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Maeve Bowman

Mailing Address 404 Commercial St. Apt 2

City Boston State MA Zip Code 02109-

Purpose of Disbursement  
Administration Services Non-FEA no federal candidate

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 70215.E9549

Date of Disbursement

01 / 29 / 2007

Amount of Each Disbursement this Period

891.00

ADMINISTRATION SERVICES  
NON-FEA NO FEDERAL CANDIDATE

**B.**

Full Name (Last, First, Middle Initial)

Cambridge Offset Printing

Mailing Address 56 Creighton Street

City Cambridge State MA Zip Code 02140-

Purpose of Disbursement  
general printing non-fea no federal candidate

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 70215.E9543

Date of Disbursement

01 / 25 / 2007

Amount of Each Disbursement this Period

1727.25

GENERAL PRINTING NON-FEA  
NO FEDERAL CANDIDATE

**C.**

Full Name (Last, First, Middle Initial)

Hui Jojo Deng

Mailing Address 117 Beaconsfield Road

City Brookline State MA Zip Code 02445-

Purpose of Disbursement  
Accounting Service- general accounting non-fea

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 70118.E9512

Date of Disbursement

01 / 04 / 2007

Amount of Each Disbursement this Period

445.50

ACCOUNTING SERVICE- GENERAL  
ACCOUNTING NON-FEA

**SUBTOTAL** of Disbursements This Page (optional) .....

3063.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 38

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

DirecTV DirecTV

Mailing Address PO Box 60036

City  
Los Angeles

State  
CA

Zip Code  
90060-0036

Purpose of Disbursement  
Cable Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70131.E9533

Date of Disbursement

01 / 22 / 2007

Amount of Each Disbursement this Period

299.80

CABLE SERVICES

B.

Full Name (Last, First, Middle Initial)

Federal Express (Fed Ex)

Mailing Address PO Box 371461

City  
Pittsburgh

State  
PA

Zip Code  
15250-

Purpose of Disbursement  
Express Mail

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70131.E9534

Date of Disbursement

01 / 22 / 2007

Amount of Each Disbursement this Period

100.09

EXPRESS MAIL

C.

Full Name (Last, First, Middle Initial)

Federal Express (Fed Ex)

Mailing Address PO Box 371461

City  
Pittsburgh

State  
PA

Zip Code  
15250-

Purpose of Disbursement  
Express Mail

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70215.E9546

Date of Disbursement

01 / 29 / 2007

Amount of Each Disbursement this Period

220.08

EXPRESS MAIL

SUBTOTAL of Disbursements This Page (optional) .....

619.97

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 38

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Fleet Bank Mailing Address 100 Federal Street	<b>Transaction ID:</b> 70215.E9559 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 0 7</div> </div>
City State Zip Code Boston MA 02110- Purpose of Disbursement Bank Service Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>69.00</div> <b>BANK SERVICE FEE</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Garage Government Center Mailing Address 50 New Sudbury Street City State Zip Code Boston MA 02114- Purpose of Disbursement Parking Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 70215.E9547 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>1800.00</div> <b>PARKING</b>
<b>C.</b> Full Name (Last, First, Middle Initial) HPH Inc. Harvard Pilgram Heal Mailing Address 1200 Crown Colony Dr. City State Zip Code Quincy MA 02169- Purpose of Disbursement Health Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 70118.E9511 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 4 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>2923.47</div> <b>HEALTH INSURANCE</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

**4792.47**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 38

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial)  
HPH Inc. Harvard Pilgram Heal

Mailing Address 1200 Crown Colony Dr.

City Quincy State MA Zip Code 02169-

Purpose of Disbursement  
Health Insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 70215.E9544

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1898.48

HEALTH INSURANCE

**B.** Full Name (Last, First, Middle Initial)  
Samantha Levine

Mailing Address 15 Oak St.

City Chestnut Hill State MA Zip Code 02467-

Purpose of Disbursement  
Reimbursement for Room rental for State committee meeting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 70215.E9542

Date of Disbursement

/   /

Amount of Each Disbursement this Period

393.41

REIMBURSEMENT FOR ROOM RENTAL FOR STATE COMMITTEE MEETING

**C.** Full Name (Last, First, Middle Initial)  
Merchants Bankcard

Mailing Address Fleet Bank  
100 Federal Street

City Boston State MA Zip Code 02110-

Purpose of Disbursement  
Credit Card Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 70215.E9555

Date of Disbursement

/   /

Amount of Each Disbursement this Period

116.99

CREDIT CARD FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

2408.88

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 38

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Merchants Bankcard</p> <p>Mailing Address Fleet Bank 100 Federal Street</p> <p>City Boston State MA Zip Code 02110-</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 70215.E9556  <b>Date of Disbursement</b>  <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 2 / 2 0 0 7</div> </p> <p>Amount of Each Disbursement this Period  <div>25.00</div> </p> <p><b>CREDIT CARD FEE</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Merchants Bankcard</p> <p>Mailing Address Fleet Bank 100 Federal Street</p> <p>City Boston State MA Zip Code 02110-</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 70215.E9557  <b>Date of Disbursement</b>  <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 7</div> </p> <p>Amount of Each Disbursement this Period  <div>100.00</div> </p> <p><b>CREDIT CARD FEE</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Konica Minolta Business Systems</p> <p>Mailing Address P.O. Box 7247-0322</p> <p>City Philadelphia State PA Zip Code 19170-0322</p> <p>Purpose of Disbursement Copier Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 70215.E9548  <b>Date of Disbursement</b>  <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 7</div> </p> <p>Amount of Each Disbursement this Period  <div>965.60</div> </p> <p><b>COPIER RENTAL</b></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**1090.60**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 38

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Ox-Eye Properties

Mailing Address c/o Massey & Co.  
85 Merrimac Street

City Boston State MA Zip Code 02114-

Purpose of Disbursement  
Rent

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 70131.E9526

Date of Disbursement

01 / 08 / 2007

Amount of Each Disbursement this Period

6033.34

RENT

B.

Full Name (Last, First, Middle Initial)

Ox-Eye Properties

Mailing Address c/o Massey & Co.  
85 Merrimac Street

City Boston State MA Zip Code 02114-

Purpose of Disbursement  
Rent

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 70215.E9550

Date of Disbursement

01 / 29 / 2007

Amount of Each Disbursement this Period

5523.67

RENT

C.

Full Name (Last, First, Middle Initial)

Paychex/InterPay

Mailing Address PO Box 8295

City Boston State MA Zip Code 02266-

Purpose of Disbursement  
Payroll Service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 70220.E9579

Date of Disbursement

01 / 10 / 2007

Amount of Each Disbursement this Period

151.25

PAYROLL SERVICE

SUBTOTAL of Disbursements This Page (optional) .....

11708.26

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 38

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Paychex/InterPay	<b>Transaction ID:</b> 70118.E9519 <b>Date of Disbursement</b>																				
Mailing Address PO Box 8295	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	1		2	0	0	7												
City Boston State MA Zip Code 02266-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll - Taxes	<table border="1"> <tr> <td colspan="10">3564.98</td> </tr> </table>	3564.98																			
3564.98																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>PAYROLL - TAXES</b>																				
<b>B.</b> Full Name (Last, First, Middle Initial) Paychex/InterPay	<b>Transaction ID:</b> 70220.E9580 <b>Date of Disbursement</b>																				
Mailing Address PO Box 8295	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	2		2	0	0	7												
City Boston State MA Zip Code 02266-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Services-401 K	<table border="1"> <tr> <td colspan="10">160.00</td> </tr> </table>	160.00																			
160.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>PAYROLL SERVICES-401 K</b>																				
<b>C.</b> Full Name (Last, First, Middle Initial) Paychex/InterPay	<b>Transaction ID:</b> 70131.E9532 <b>Date of Disbursement</b>																				
Mailing Address PO Box 8295	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	5		2	0	0	7												
City Boston State MA Zip Code 02266-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll - Taxes	<table border="1"> <tr> <td colspan="10">2750.28</td> </tr> </table>	2750.28																			
2750.28																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>PAYROLL - TAXES</b>																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**6475.26**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Paychex/InterPay

Mailing Address PO Box 8295

City  
Boston

State  
MA

Zip Code  
02266-

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70215.E9558

Date of Disbursement

01 / 31 / 2007

Amount of Each Disbursement this Period

12.00

PAYROLL TAXES

B.

Full Name (Last, First, Middle Initial)

Ruth Rice

Mailing Address 30 Fernview Apt 1

City  
North Andover

State  
MA

Zip Code  
01845-

Purpose of Disbursement

Reimbursement for parking travel food

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70215.E9541

Date of Disbursement

01 / 25 / 2007

Amount of Each Disbursement this Period

53.80

REIMBURSEMENT FOR PARKING  
TRAVEL FOOD

C.

Full Name (Last, First, Middle Initial)

T-Mobile T-Mobile

Mailing Address PO Box 790047

City  
Saint Louis

State  
MO

Zip Code  
63179-

Purpose of Disbursement

Phone Service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70215.E9552

Date of Disbursement

01 / 29 / 2007

Amount of Each Disbursement this Period

807.58

PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) .....

873.38

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 38

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address P.O. Box 1

City  
Worcester

State  
MA

Zip Code  
01654-

Purpose of Disbursement  
Phone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70215.E9553

Date of Disbursement

01 / 29 / 2007

Amount of Each Disbursement this Period

462.17

PHONE

B.

Full Name (Last, First, Middle Initial)

Verizon Internet Services

Mailing Address PO Box 101096

City  
Atlanta

State  
GA

Zip Code  
30392-

Purpose of Disbursement  
Internet Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70215.E9554

Date of Disbursement

01 / 29 / 2007

Amount of Each Disbursement this Period

767.62

INTERNET SERVICES

C.

Full Name (Last, First, Middle Initial)

Robert Willington

Mailing Address 12 Arlington Street

City  
Reading

State  
MA

Zip Code  
01867-

Purpose of Disbursement  
Reimbursement for parking and travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70215.E9540

Date of Disbursement

01 / 25 / 2007

Amount of Each Disbursement this Period

20.40

REIMBURSEMENT FOR PARKING  
AND TRAVEL

SUBTOTAL of Disbursements This Page (optional) .....

1250.19

TOTAL This Period (last page this line number only) .....

35109.49

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 / 38

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Brian Dodge

Mailing Address 10 Parker Road

City  
GrovelandState  
MAZip Code  
01834-Purpose of Disbursement  
Payroll

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70118.E9513

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	1	/	2	0	0	7

Amount of Each Disbursement this Period

2028.39

PAYROLL

**B.**

Full Name (Last, First, Middle Initial)

Brian Dodge

Mailing Address 10 Parker Road

City  
GrovelandState  
MAZip Code  
01834-Purpose of Disbursement  
Payroll

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70131.E9528

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	0	7

Amount of Each Disbursement this Period

2028.39

PAYROLL

**C.**

Full Name (Last, First, Middle Initial)

Bruce Harrison

Mailing Address 101 Elm St

City  
WakefieldState  
MAZip Code  
01880-Purpose of Disbursement  
Payroll-Administration

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70131.E9527

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	8	/	2	0	0	7

Amount of Each Disbursement this Period

1000.00

PAYROLL-ADMINISTRATION

SUBTOTAL of Disbursements This Page (optional) .....

5056.78

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 38

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Lyndsay Jones	<b>Transaction ID:</b> 70118.E9514 <b>Date of Disbursement</b>
Mailing Address 16 Oval Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 1 / 2 0 0 7</div> </div>
City Quincy State MA Zip Code 02170-	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>974.76</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	<b>PAYROLL</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Lyndsay Jones	<b>Transaction ID:</b> 70131.E9529 <b>Date of Disbursement</b>
Mailing Address 16 Oval Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 5 / 2 0 0 7</div> </div>
City Quincy State MA Zip Code 02170-	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>974.76</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	<b>PAYROLL</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Samantha Levine	<b>Transaction ID:</b> 70118.E9515 <b>Date of Disbursement</b>
Mailing Address 15 Oak St.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 1 / 2 0 0 7</div> </div>
City Chestnut Hill State MA Zip Code 02467-	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>726.51</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	<b>PAYROLL</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

**2676.03**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 38

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Ruth Rice Mailing Address 30 Fernview Apt 1	<b>Transaction ID:</b> 70118.E9516 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 1 / 2 0 0 7</div> </div>
City North Andover State MA Zip Code 01845- Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>914.76</div> <b>PAYROLL</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Ruth Rice Mailing Address 30 Fernview Apt 1 City North Andover State MA Zip Code 01845- Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 70131.E9530 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 5 / 2 0 0 7</div> </div> <b>Amount of Each Disbursement this Period</b> <div>914.76</div> <b>PAYROLL</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Mark Rowe Mailing Address 216 W. Plain St. City Wayland State MA Zip Code 01778- Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 70118.E9517 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 1 / 2 0 0 7</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1207.83</div> <b>PAYROLL</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3037.35**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 38

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert Willington

Mailing Address 12 Arlington Street

City  
Reading

State  
MA

Zip Code  
01867-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 70118.E9518

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1236.59

PARYOLL

**B.**

Full Name (Last, First, Middle Initial)

Robert Willington

Mailing Address 12 Arlington Street

City  
Reading

State  
MA

Zip Code  
01867-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 70131.E9531

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1236.59

PAYROLL

**SUBTOTAL** of Disbursements This Page (optional) .....

2473.18

**TOTAL** This Period (last page this line number only) .....

13243.34

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SCM AssociatesNature of Debt (Purpose):  
Original debt for direct  
mail - party related non  
FEAMailing Address Steve Meyers  
1283 Main StreetCity State ZIP Code  
Dublin NH 03444-

Outstanding Balance Beginning This Period

2091.72

Transaction ID: LS90508.E11232

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2091.72

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SCM AssociatesNature of Debt (Purpose):  
Payment of debt for direct  
mail - party related non  
FEAMailing Address Steve Meyers  
1283 Main StreetCity State ZIP Code  
Dublin NH 03444-

Outstanding Balance Beginning This Period

79.82

Transaction ID: LS90508.E11231

Amount Incurred This Period

0.00

Payment This Period

79.82

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SCM AssociatesNature of Debt (Purpose):  
Payment of debt for direct  
mail - party related non  
FEAMailing Address Steve Meyers  
1283 Main StreetCity State ZIP Code  
Dublin NH 03444-

Outstanding Balance Beginning This Period

1063.91

Transaction ID: LS70215.E9545

Amount Incurred This Period

0.00

Payment This Period

1063.91

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

2091.72

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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(check only one)
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☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 SCM Associates

 Nature of Debt (Purpose):  
 Debt for Direct Mail -  
 party related non FEA

 Mailing Address Steve Meyers  
 1283 Main Street

 City State ZIP Code  
 Dublin NH 03444-

Outstanding Balance Beginning This Period

3277.00

Transaction ID: LS90508.E11228

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3277.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 SCM Associates

 Nature of Debt (Purpose):  
 Original debt for direct  
 mail - party related non  
 FEA

 Mailing Address Steve Meyers  
 1283 Main Street

 City State ZIP Code  
 Dublin NH 03444-

Outstanding Balance Beginning This Period

266.87

Transaction ID: LS90508.E11234

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

266.87

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 SCM Associates

 Nature of Debt (Purpose):  
 Original debt for direct  
 mail - party related non  
 FEA

 Mailing Address Steve Meyers  
 1283 Main Street

 City State ZIP Code  
 Dublin NH 03444-

Outstanding Balance Beginning This Period

5665.04

Transaction ID: LS90508.E11233

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5665.04

1) **SUBTOTALS** This Period This Page (optional).....

9208.91

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 SCM Associates

 Nature of Debt (Purpose):  
 Original debt for direct  
 mail - party related non  
 FEA

 Mailing Address Steve Meyers  
 1283 Main Street

 City State ZIP Code  
 Dublin NH 03444-

Outstanding Balance Beginning This Period

9891.83

Transaction ID: LS90508.E11236

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9891.83

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 SCM Associates

 Nature of Debt (Purpose):  
 Original debt for direct  
 mail - party related non  
 FEA

 Mailing Address Steve Meyers  
 1283 Main Street

 City State ZIP Code  
 Dublin NH 03444-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS90508.E11238

Amount Incurred This Period

475.83

Payment This Period

0.00

Outstanding Balance at Close of This Period

475.83

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 SCM Associates

 Nature of Debt (Purpose):  
 Original debt for direct  
 mail - party related non  
 FEA

 Mailing Address Steve Meyers  
 1283 Main Street

 City State ZIP Code  
 Dublin NH 03444-

Outstanding Balance Beginning This Period

9351.63

Transaction ID: LS90508.E11237

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9351.63

1) **SUBTOTALS** This Period This Page (optional).....

19719.29

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Lexis-Nexis

 Nature of Debt (Purpose):  
Original debt for research  
party related

Mailing Address PO Box 7247-7090

City	State	ZIP Code
Philadelphia	PA	19170-

Outstanding Balance Beginning This Period

1250.00

Transaction ID: LS90513.E11267

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1250.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Lexis-Nexis

 Nature of Debt (Purpose):  
Original debt for research  
party related

Mailing Address PO Box 7247-7090

City	State	ZIP Code
Philadelphia	PA	19170-

Outstanding Balance Beginning This Period

1250.00

Transaction ID: LS90513.E11268

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1250.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Lexis-Nexis

 Nature of Debt (Purpose):  
Original debt for research  
party related

Mailing Address PO Box 7247-7090

City	State	ZIP Code
Philadelphia	PA	19170-

Outstanding Balance Beginning This Period

1250.00

Transaction ID: LS90513.E11269

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1250.00

1) **SUBTOTALS** This Period This Page (optional).....

3750.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Lexis-NexisNature of Debt (Purpose):  
Original debt for research  
party related

Mailing Address PO Box 7247-7090

City State ZIP Code  
Philadelphia PA 19170-

Outstanding Balance Beginning This Period

1250.00

Transaction ID: LS90513.E11271

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1250.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Lexis-NexisNature of Debt (Purpose):  
Original debt for research  
party related

Mailing Address PO Box 7247-7090

City State ZIP Code  
Philadelphia PA 19170-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS90513.E11273

Amount Incurred This Period

1250.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1250.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Garage Government CenterNature of Debt (Purpose):  
Original debt for parking  
party related non fea

Mailing Address 50 New Sudbury Street

City State ZIP Code  
Boston MA 02114-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS90513.E11295

Amount Incurred This Period

640.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

640.00

1) **SUBTOTALS** This Period This Page (optional).....

3140.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
mindShift Technologies, Inc.Nature of Debt (Purpose):  
Original debt for IT Support party related non fea

Mailing Address PO Box 200105

City State ZIP Code  
Pittsburgh PA 15251-

Outstanding Balance Beginning This Period

2500.00

Transaction ID: LS90513.E11281

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
mindShift Technologies, Inc.Nature of Debt (Purpose):  
Original debt for IT Support party related non fea

Mailing Address PO Box 200105

City State ZIP Code  
Pittsburgh PA 15251-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS90513.E11283

Amount Incurred This Period

1552.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1552.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
mindShift Technologies, Inc.Nature of Debt (Purpose):  
Original debt for IT Support party related non fea

Mailing Address PO Box 200105

City State ZIP Code  
Pittsburgh PA 15251-

Outstanding Balance Beginning This Period

100.80

Transaction ID: LS90513.E11279

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.80

**1) SUBTOTALS** This Period This Page (optional).....

4152.80

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
mindShift Technologies, Inc.Nature of Debt (Purpose):  
Original debt for IT Support party related non fea

Mailing Address PO Box 200105

City State ZIP Code  
Pittsburgh PA 15251-

Outstanding Balance Beginning This Period

2500.00

Transaction ID: LS90513.E11278

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Communication, Inc. MajorityNature of Debt (Purpose):  
Original Debt for FEA Get Out the Vote Mailing

Mailing Address 274 Marconi Blvd. Suite 260

City State ZIP Code  
Columbus OH 43215-

Outstanding Balance Beginning This Period

21000.00

Transaction ID: LS90508.E11226

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

21000.00

1) **SUBTOTALS** This Period This Page (optional).....

23500.00

2) **TOTALS** This Period (last page this line number only).....

65562.72

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

65562.72